



Regional Emergency Medical Organization  
1653 Central Avenue • Albany, NY 12205  
Office 518.464.5097 • Fax 518.464.5099  
[www.remo-ems.com](http://www.remo-ems.com)

### **Academic Committee Membership Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please list your qualifying credentials or attach:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Received by REMO Staff:**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Credentials Verified:** Yes / No

**REMO Staff Signature:** \_\_\_\_\_

**Member Accepted?** Yes / No **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Membership Chair Signature:** \_\_\_\_\_